

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102099

1. Entity Name

MEDICAL STAFFING WORLDWIDE, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90052 007 ***150.00

Principal Place of Business

1727 THAMES STREET
CLEARWATER FL 33755

Mailing Address

1727 THAMES STREET
CLEARWATER FL 33755

2. Principal Place of Business

2451 McMullen Bt Rd

Suite, Apt. #, etc.

200

City & State

CLEARWATER FL

Zip

33759

Country

3. Mailing Address

2451 McMullen Bt Rd

Suite, Apt. #, etc.

200

City & State

CLEARWATER FL

Zip

FL 33759

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3678849

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOLFF, MICHAEL S
1727 THAMES STREET
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name

WOLFF, Michael S

Street Address (P.O. Box Number is Not Acceptable)

2451 McMullen Bt Rd

200

City

CLEARWATER

FL

Zip Code

33759

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/01

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME MICHAEL S. WOLFF

STREET ADDRESS 1727 THAMES ST.

CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ Delete

NAME VP WILLIAM F. WOLFF, JR

STREET ADDRESS 3087 TARPON WOODS BLVD

CITY-ST-ZIP PALM HARBOR, FL 33464

TITLE ☐ Delete

NAME 5 EYANGELIA E. WOLFF

STREET ADDRESS 1727 THAMES ST.

CITY-ST-ZIP CLEARWATER, FL 33755

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/01 727-723-8475

CR2E034 (10/00)